A day in the life of a Physician Associate...  in Accident + Emergency

I am a recent graduate from St George’s University of London who has just started working in a busy A+E department. Typical shift patterns include 08:00-17:00, 12:00-21:00 and 16:00-00:00 Monday – Sunday. The department consists of minor injuries, majors, paediatrics and resuscitation. I generally work in majors and paediatrics and will occasionally help out in minors and resus if needed.

There is no ‘typical’ day in A+E as it varies a great deal day to day, however, in general it is something like this.......  

8am – 1pm

It’s 8am and I make my way to the Doctor’s Office for handover from the night team. There are currently 16 patients in the department, some of which have not been seen by a medical professional yet. I usually see the next patient waiting to be seen unless there is someone who is more acutely unwell who the Consultant would like me to see first. I can see anything from an acute abdomen to an MI or a febrile child. I clerk, examine and formulate a management plan which I discuss with a Consultant or Registrar early on in my assessment to ensure optimal patient care.

Today, the next patient on the list is an elderly lady with ‘shortness of breath’. The nurse has kindly already taken this patient’s bloods and an ECG. I clerk, examine, take an arterial blood gas and discuss the case with a senior doctor. As PAs we are currently unable to order radiology so the doctor has ordered a chest x-ray on my behalf. This patient is too unwell to be sent home so I have referred her to the medical team for admission.

I see the next patient on the list who is a 67 year old gentlemen with ‘chest pain’. From analysing the patient’s ECG it is clear he is having an MI so I inform my consultant and we put out a ‘chest pain’ call and he is taken over by the Cardiology team to undergo an angioplasty.

I then go onto see a young gentlemen with a fractured jaw in minors who I refer onto MaxFax for surgery. Next, I see a COPD patient who needed some steroids and nebulisers to help with his shortness of breath and was sent home with antibiotics.

1pm – 1:30pm

Lunchtime!

1:30pm – 5pm

There has been in a sudden influx of patients in majors, in addition to 7 priority calls in the space of 40mins, one of which is a paediatric emergency. Due to Resus being so busy I have been asked by the Consultant to see an elderly patient with an upper GI bleed presenting with malaena who has become quite unwell. Together with one of the senior emergency medicine Registrars we have stabilised this patient so he is able to undergo an endoscopy to find and treat the source of the bleed.
I then see a child with a high fever. After some time in A+E the child’s fever improves, I diagnose tonsillitis and send her home with antibiotics. I then see a patient with acute abdominal pain and vomiting who I have referred onto the surgeons as I am concerned he has an obstruction.

Towards the end of the shift I type up my discharge summaries for all the patients I have seen today and head home.

A+E is a challenging yet rewarding environment to work in, we use our clinical skills and knowledge to the best of our ability to treat acutely unwell patients to stabilise them enough to go home or to be referred to the appropriate specialty.

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